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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 16 AM 11:14

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 840806 (4)

1. Corporation Name
CRESMER, WOODWARD, O'MARA & ORMSBEE, INC.

Principal Place of Business Mailing Address
066 THIRD AVENUE 1550 NE MIAMI GARDENS DR
NEW YORK NY 10022 STE. 302
N. MIAMI BCH. FL 10022
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/08/1978** 3a. Date of Last Report **06/24/1994**

4. FEI Number **13-1122025** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent

EVANS, PETER R
1550 NE MIAMI GARDENS DR SUITE 302
9100 S. DADELAND BLVD.
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and fee if applicable.

NOTE: Registered Agent signature required when constituting (Date)

6/13/95

12. OFFICERS AND DIRECTORS	
TITLE	VD
NAME	MORRISON, JOHN W
STREET ADDRESS	4929 WILSHIRE BLVD
CITY - ST - ZIP	LA CA
TITLE	VTD
NAME	WEBER, ROBERT T
STREET ADDRESS	888 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, N Y 0
TITLE	CD
NAME	TOMPKINS, STATES D
STREET ADDRESS	888 THIRD AVENUE
CITY - ST - ZIP	NEW YORK, N Y 1
TITLE	VD
NAME	MITCHELL, RICHARD A
STREET ADDRESS	1 EAST WACKER DR
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
21. TITLE	EXEC VP Director, CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Bernadette Soens
23. STREET ADDRESS	1 E Wacker Dr
24. CITY - ST - ZIP	Chicago IL 60601
31. TITLE	PRESIDENT C.O.D. Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32. NAME	Harlan B Evans
33. STREET ADDRESS	866 Third Ave
34. CITY - ST - ZIP	New York N Y 10022
41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	
51. TITLE	CEO, DIRECTOR, Chairman <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52. NAME	Michael J Veitch
53. STREET ADDRESS	1 E Wacker
54. CITY - ST - ZIP	Chicago IL 60601
61. TITLE	CORP. SECTY. CONTROLLER <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62. NAME	MARY E. Cannon
63. STREET ADDRESS	866 Third Ave
64. CITY - ST - ZIP	New York N Y 10022

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an instrument with an address.

SIGNATURE: *Mary E Cannon* 6/8/95 (712) 750 4076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date